

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(5)				
6		(2)				
7		(1)				
8		(1)				
9		2				
10		2				
11		(5)				
12		(5)				
13		(2)				
14		(2)				
15		(1)				
16	1					
17		(1)				
18						
19						
20				1		
21				1		
22				1		
23				1		
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25				1		
26				1		
27				1		
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29				1		
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			16			
TOTAL CLAIMS			18			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS